			•) TRANSMITTAL					
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I MAN OI		amissia a sha ICCI		Fax (703) 746-4000	uired) Plocks 1 through 5	should be completed where			
appropriate. All further coindicate ingress was extended	orm should be used for transpression from the Interpretation of th	Patent, advance of in Block 1, by (a	rders and nor a) specifying	PUBLICATION FEE (if req tification of maintenance fees a new correspondence addres	will be mailed to the current s; and/or (b) indicating a sep	t correspondence address as arate "FEE ADDRESS" for			
	CE ADDRESS (Note: Use Block 1 for			Note: A certificate of Fee(s) Transmittal T	f mailing can only be used f his certificate cannot be used al paper, such as an assignm	for domestic mailings of the			
22875 7	590 04/07/2005			have its own certification	te of mailing or transmission.	one of formal drawing, mus			
GERALD W SPI P. O. BOX 2467 BREMERTON, W			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with States Postal Service with sufficient postage for first class mail in a addressed to the Mail Stop ISSUE FEE address above, or bein transmitted to the USPTO (703) 746-4000, on the date indicated be						
05/03/2005 TBESHAH2 0000	0105 10723457			Gerald W.	Spinks	(Depositor's name)			
01 FC:1501	1400.00 OP			9/1/Son	uli	(Signature)			
02 FC:1504	300.00 OP			April 29,	2005	(Date)			
APPLICATION NO.	FILING DATE		FIRST NAME	ED INVENTOR ATTORNEY DOCK		CONFIRMATION NO.			
10/723,457	11/25/2003		Peter V	. Czipott	MED/US-53	5977			
TITLE OF INVENTION: S	CREENING METHOD AND		<u>.</u> .		-				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400		\$300	\$1700	07/07/2005			
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LEDYNH, BOT L		2862		324-244000					
CFR 1.363). Change of correspond Address form PTO/SB/1.	e address or indication of "Fe dence address (or Change of Q 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BI	E PRINTED ON	THE PATEN	T (print or type)		······································			
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(A) NAME OF ASSIGN				CE: (CITY and STATE OR CO	OUNTRY)				
MedNovus, Inc. Leucadia, California Quantum Magnetics, Inc. San Diego, California									
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<u>==</u>	mall entity discount permitte	d)	Payment by credit card. Form PTO-2038 is attached.						
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	(from status indicated above) MALL ENTITY status. See 3		☐ b. Applie	cant is no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).			
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu- ublication Fee (if required) words of the United States Pate	e Fee and Publica ill not be accepted nt and Trademark	tion Fee (if and if ano	ny) or to re-apply any previous e other than the applicant; a reg	sly paid issue fee to the applications and attorney or agent; or t	ation identified above. he assignee or other party in			

32,843 Spinks Typed or printed name Gerald W. Registration No. __ This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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	'	Application Number		10/723,457								
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For FY 2005				First Named Inventor		Peter V. Czipott						
Applicant claims small	27	Examiner Name		Bot L. Ledynh								
	21	Art Unit		2862								
TOTAL AMOUNT OF PAY	MENT (\$) 1700		Attorney Docke	t No.	MED/US-53						
METHOD OF PAYMEN	METHOD OF PAYMENT (check all that apply)											
Check Credit	Check Credit Card Money Order None Other (please identify):											
Deposit Account D		-				me: Gerald W.	Spinks					
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FEE CALCULATION												
1. BASIC FILING, SEAF												
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Application Type	Fee (\$)	Fee (\$)	Fee (\$		<u>Fee</u>		Fees Paid (\$)					
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	(0						
2. EXCESS CLAIM FEE Fee Description						Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (i						50 200	25 100					
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Total Claims	Extra Clair	ms Fee (\$)	Fee	Paid (\$)	•	Multiple [Dependent Claims					
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HP = highest number of total claims paid for, if greater than 20. Indep. Claims												
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HP = highest number of indep 3. APPLICATION SIZE	HP = highest number of independent claims paid for, if greater than 3.											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer												
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50												
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
100 = / 50 = (round up to a whole number) x =												
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Other (e.g., late filing surcharge): Issue Fee, Publication Fee 1700												
SUBMITTED BY	,											

Registration No. (Attorney/Agent) 32,843 Telephone (360)692-4506 Druke Date April 29, 2005 Gerald W. Spinks Name (Print/Type)

Signature

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